

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No. **BON-4505**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **BONE SUTURE**, the specification of which

(check one) ☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)	Priority Claimed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

09/019,977	FEBRUARY 6, 1998	PATENT NO. 5,921,986
(Application Serial No.)	(Filing Date)	(Status—patented, pending, abandoned)
09/323,488	JUNE 1, 1999	PENDING
(Application Serial No.)	(Filing Date)	(Status—patented, pending, abandoned)

Power of Attorney: As a named inventor, I hereby appoint the following attorneys: Thomas L. Tarolli, Reg. No. 20,177; Robert B. Sundheim, Reg. No. 20,127; Calvin G. Covell, Reg. No. 24,042; Barry L. Tummino, Reg. No. 29,709; Paul E. Szabo, Reg. No. 30,429; James L. Tarolli, Reg. No. 36,029; Ronald M. Kachmarik, Reg. No. 34, 349; Richard S. Wesorick, Reg. No. 40,871; each with full powers of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: **TAROLLI, SUNDHEIM, COVELL, TUMMINO & SZABO L.L.P.**
1111 LEADER BUILDING, CLEVELAND, OH 44114-1400

DIRECT TELEPHONE CALLS TO: **CALVIN G. COVELL, (216) 621-2234.**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1) Full name of sole or first inventor: **PETER M. BONUTTI**

Inventor's signature: *Peter M. Bonutti* Date: 7/25/99
City: EFFINGHAM County: EFFINGHAM State: ILLINOIS Citizenship: U.S.A.
Post Office Address: 1303 WEST EVERGREEN PLAZA, EFFINGHAM, IL 62401

2) Full name of second joint inventor, if any _____
Inventor's signature _____ Date _____
City _____ County _____ State _____ Citizenship _____
Post Office Address _____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Peter Bonutti

Attorney Docket No: 782-A02-009-2

Application No.: 09/835,473

Group Art Unit: 3731

Filed: April 16, 2001

Examiner: G. Jackson

For: BONE SUTURE

REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents
Washington, DC 20231

Sir:

I, Peter M. Bonutti, as the sole inventor and owner of the above-captioned application as evidenced by the attached copy of the declaration, hereby cancel all previous Powers of Attorney in the captioned application and hereby appoint the following attorneys to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith:

Paul D. Bianco (Reg. No. 43,500)
Martin Fleit (Reg. No. 16,900)
Robert C. Kain (Reg. No. 30,648)

Jon A. Gibbons (Reg. No. 37,333)
Stephen C. Bongini (Reg. No. 40,917)
Jose Gutman (Reg. No. 35,171)

all of Fleit, Kain, Gibbons, Gutman & Bongini P.L. having an address of 601 Brickell Key Drive, Suite 404, Miami, FL 33131. In addition, please change the correspondence address, i.e. send correspondence to and direct phone calls to:

CUSTOMER NUMBER

33771

The above-identified attorneys are now to be indicated to have the full power to prosecute the above-captioned application before the U.S. Patent and Trademark Office.

Date:

2/24/03



Peter M. Bonutti